

**MPR 1810.1
REVISION G**

**EFFECTIVE DATE: October 28, 2004
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MARSHALL PROCEDURAL REQUIREMENTS

AD01

MSFC OCCUPATIONAL MEDICINE

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DOCUMENT HISTORY LOG

Status (Baseline/ Revision/ Canceled)	Document Revision	Effective Date	Description
Revision	E	11/30/99	History Log added with this revision; previous history contained in Directives Managers' Reference File.
Revision	F	6/22/01	Changed applicability in P.2 to all MSFC employees. Deleted authority documents that are already referenced in NPD 1810.2 to prevent redundancy; paragraph 2.1.3 - replaced NFS citations with the correct one; paragraph 2.3.1 - added "MPG 8715.1 and MWI 8621.1"; paragraph 2.4.1, added "and MWI 8621.1"; added to paragraph P.4 - MWI 8621.1, "Close Call and Mishap Reporting and Investigation Program"; changed paragraph 4, Records to: The following medical records are maintained and dispositioned for the duration of employment plus 30 years. The MSFC Medical Center maintains the records for the duration of employment for both civil service and applicable contractor employees. Following termination of Government service, civil service records are forwarded to the Office of Personnel Management for archival maintenance. Medical records of terminated contractor employees are maintained electronically by the MSFC Repository. These records are either maintained for historical purposes or destroyed following the required retention period; added A.2.2.4, Pre-placement and return to work physical examinations will be conducted only when determined to be essential by the Personnel Office or by the MSFC Medical Center Director; and added A.2.2.5, Other examinations including mental health and FAA flight physicals are also provided as required.
Revision	G	10/28/2004	Update authority document reference. Changed all references to NPGs from "NPG" to "NPR." Changed all occurrences of "NASA Procedures and Guidelines" to "NASA Procedural Requirements". . Changed all references to MPGs from "MPG" to "MPR." Changed all occurrences of "Marshall Procedures and Guidelines" to "Marshall Procedural Requirements." Clarified paragraphs in Section 2.3. Eliminated existing Appendix B (Medical Information Card information) and renamed Appendix C to Appendix Z; changed all references of Appendix C to Appendix Z. Moved Appendix A to Procedures; deleted MSFC Form 3790-1, "Respiratory Protection Program Record for Army" and deleted MSFC Form 3498, "Privacy Act Statement" from section 4; added NPR 1800.1, "NASA Occupational Health Program Procedures" to P.5.

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PREFACE

P.1 PURPOSE

The purpose of this Directive is to describe the occupational medical services available to Marshall Space Flight Center (MSFC) employees and to delineate the method by which these services are provided to employees.

P.2 APPLICABILITY

This Directive is applicable to all MSFC employees and to MSFC contractors as specifically provided herein.

P.3 AUTHORITY

NPD 1810.2, "NASA Occupational Medicine Program"

P.4 APPLICABLE DOCUMENTS

- a. NPD 1382.17, "Privacy Act – Internal NASA Direction in Furtherance of NASA Regulation"
- b. MPR 8715.1, "Marshall Safety, Health, and Environmental (SHE) Program"
- c. MPD 1840.1, "MSFC Environmental Health Program"
- d. NASA FAR Supplement 1823.7001
- e. MWI 8621.1, "Close Call and Mishap Reporting and Investigation Program"

P.5 REFERENCES

- a. MPD 1840.1, "MSFC Environmental Health Services"
- b. NPR 1800.1, "NASA Occupational Health Program Procedures"

P.6 CANCELLATION

MPG 1810.1F dated June 22, 2001.

Original signed by
Robin N. Henderson for

David A. King
Director

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DOCUMENT CONTENT

1. DEFINITIONS

Occupational Medicine. That portion of the medical field devoted to the maintenance and improvement of the health of employees with emphasis on the prevention, diagnosis, treatment, and care of illnesses and injuries caused or aggravated by the work environment. This includes studies directed toward a better understanding of the causes and mechanisms of prevention and care as related to the employee population.

2. RESPONSIBILITIES

2.1 The Integrated Customer Support Department, Center Operations Directorate, shall:

2.1.1 Establish and monitor the MSFC Occupational Medicine Program.

2.1.2 Ensure that medical care of MSFC personnel located at stations away from Huntsville is provided.

2.1.3 In accordance with NFS 1823.7001, advise and assist the contracting officer in selecting the provisions to be included in proposed procurements; in evaluating prospective contractor health programs; and in determining, in coordination with the cognizant program or project manager, the need for, and adequacy of, contractor safety and health plans.

2.2 The Directors of the MSFC Medical Center and the Medical Facility at Michoud Assembly Facility shall:

2.2.1 Provide the medical services described herein and as prescribed in the pertinent contracts.

2.2.2 Conduct special surveys and investigations or assist in their conduct where health and medically related matters are concerned.

2.2.3 Maintain proper relations with health authorities, medical practitioners, medical societies in the local and surrounding communities, and the Department of Army Health Center on Redstone Arsenal.

2.2.4 Coordinate medical activities with MSFC organizations to ensure recognition, investigation, and evaluation of the health relationship of specific matters falling within the functions of those offices and organizations and recommend appropriate action.

2.2.5 Consult with appropriate supervisors regarding employees, who in the judgment of a physician, may be allowed to work with limitations to their physical activity. This applies to new employees with physical handicaps or to employees returning to work after illness or injury.

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This consultation shall take place before the employee is placed on the job or returned to work.

2.2.6 Ensure that written consent of parent(s) or legal guardian is on file prior to treatment (other than emergency) of a minor child.

2.2.7 Collect data from clinical and environmental health programs. These data shall be reviewed for epidemiological significance, utilized for determining where preventive medicine program changes are needed, and coordinated with the appropriate MSFC office.

2.2.8 Maintain medical records which shall be accessed only by authorized personnel. Confidentiality shall be maintained in accordance with Office of Personnel Management Regulations and the NASA Privacy Act Regulations (NPD 1382.17). Upon receipt of a request signed and presented by an employee, or upon receipt of a notarized designation by an employee for a third party to receive access to the employee's medical record, such access shall be permitted and/or a copy of the record furnished to the employee or third party so designated. Employees requesting, in person, a copy of their own medical records shall be furnished a copy of those records without signing a release request.

2.2.9 Submit medical reports and data as requested by the Director, Office of Occupational Medicine, NASA Headquarters.

2.2.10 Perform pre-travel physical examination or a review of the employee's medical chart prior to international travel by an employee. The employee's travel orders shall be signed or processed electronically through Travel Manager by medical center personnel indicating medical clearance for intended travel.

2.3 Supervisors at MSFC shall:

2.3.1 Report any job-related illness or injury in accordance with MPR 8715.1 and MWI 8621.1.

2.3.2 Notify the MSFC Medical Center when it is considered likely that employees may have been exposed to serious infectious diseases, toxic substances, or physical hazards that concern employees at their workplace and provide a list to the MSFC Medical Center of exposed employees. The MSFC Medical Center shall offer these persons individual or group consultation or tests as determined appropriate.

2.3.3 Ensure that employees returning to work after prolonged illnesses or injuries report to the MSFC Medical Center before returning to duty as required by current Customer and Employee Relations Directorate's policy.

2.4 Employees shall:

2.4.1 Report any job-related illness or injury in accordance with MPR 8715.1 and MWI 8621.1.

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2.4.2 Notify their supervisor and the MSFC Medical Center when it is considered likely that employees may have been exposed to serious infectious diseases, toxic substances, or physical hazards that concern employees at their workplace.

2.4.3 Obtain a pre-travel physical examination/clearance in a timely manner prior to international travel.

2.5 Michoud Assembly Facility civil servants shall report as required by their local regulations.

2.6 Contractor personnel at all locations shall report accidents and illnesses as required by the contracts, company policy, and applicable Government regulations.

2.7 MSFC Customer and Employee Relations Directorate or a Contractor's Human Resources Office shall:

2.7.1 Upon hiring a minor, obtain written consent of parent(s) or legal guardian authorizing treatment to their minor child and furnish it to the MSFC Medical Center Director.

2.7.2 If selection of personnel for certain positions is to be contingent upon medical findings, the selectee shall be informed of this policy prior to examination and arrangements made with the MSFC Medical Center for such required examination.

3. PROCEDURE

3.1 General

3.1.1 Contractors at MSFC in Huntsville shall not be furnished routine medical services except for emergencies, job-related injuries and illnesses, medical monitoring examinations required by regulatory agencies, blood pressure screenings, influenza vaccinations, and allergy injections.

3.1.2 Policies, procedures, and standards required for medical support of approved flight missions and mission-related research and technology programs shall be covered by directives issued by the cognizant program office.

3.1.3 MSFC employees at locations away from Huntsville shall be provided medical services as provided by contracts established for this purpose. However, they may receive their periodic physical examination or screening at the MSFC Medical Center during an official business trip to Huntsville. A special trip for this purpose only shall not be permitted. Arrangements shall be made in advance with the MSFC Medical Center.

3.2 Specific

3.2.1 Emergency and Therapeutic Treatment

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3.2.1.1 Dispensary services shall be provided to all civil service personnel at MSFC for the prompt and adequate initial treatment of minor occupational and non-occupational illnesses and injuries. It is not within the scope of the program to treat extensively non-occupational injury or illness, which shall be the province of the employee's private physician. However, in the interest of keeping the employee on the job and reducing lost time or relieving suffering, employees may receive care for colds, minor cuts, insect bites, indigestion, etc. At the request of an employee's private physician and under his prescription, the MSFC Medical Center shall administer certain medicines, change dressings, and provide available therapy in the interest of keeping the employee on the job.

3.2.1.2 When an employee sustains a minor injury or becomes ill, the employee may report or be transported to the MSFC Medical Center, Building 4249, located at the intersection of Morris Road and Neal Road, for treatment between the hours of 7 a.m. and 3 p.m. For more severe injuries, illnesses, or life-threatening circumstances, emergency help shall be requested by calling 911 and a Government-funded ambulance shall be dispatched. The individual making the call shall state the location of the patient, the nature of the illness or injury if known, and ensure that someone is at the appropriate place to direct the emergency medical personnel to the patient.

3.2.1.3 Appropriate treatment shall be given by the medical staff to injured or ill personnel.

If the illness or injury is occupational, the person (civil service, contractor, or visitor) shall be (a) returned to work after appropriate treatment is rendered; (b) sent to a hospital (usually the nearest State-accredited local hospital); (c) sent to a company-designated physician or facility if the patient is a contractor; (d) referred to a Bureau of Employee Compensation-approved doctor for further treatment; or (e) sent to a private physician's or medical specialist's office.

If the illness or injury is non-occupational, the person shall be (a) returned to work after appropriate treatment is rendered; (b) sent to a hospital (usually the nearest local State-accredited hospital); or (c) referred to their private physician.

3.2.2 Preventive Medicine

Health maintenance examinations are provided within the scope and schedule as follows:

3.2.2.1 All MSFC civil service employees shall be offered a routine physical examination each year that typically includes:

Height, weight, blood pressure, audiogram, Electrocardiogram, pulmonary function test, vision screening, including glaucoma screening, blood analysis (multi-chem profile, CBC, LDL-LP(a), high sensitivity C Reactive Protein, T4/TSH, PSA (40 years of age and over), and blood lead (based on job exposures), urinalysis, mammogram (per American Cancer Society guidelines), hemoccult slides (fecal occult blood per American Cancer Society Guidelines), bone density screening (per National Osteoporosis Foundation

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guidelines)

A complete physical examination by a healthcare provider (physician or nurse practitioner) which includes, as a minimum, the following evaluation/examinations/consultation: ear, nose, and throat; head/neck; blood pressure, eye/retinal; heart and lungs auscultation; reflexes; total body skin cancer screening; as appropriate, breast, prostate, scrotal, rectal, pelvic, Papanicolaou's stain; lab results review; chest x-ray (as dictated by standard or when required by a physician); treadmill exercise tolerance testing (offered biannually for employees over 45; triennially for employees under age 45; or as prescribed by a physician); and Prostate Serum Antigen (PSA) (per American Cancer Society guidelines)

3.2.2.2 Personnel may be given additional tests or may be examined at more frequent intervals, if medical findings, hazards in the work environment, or job-related conditions warrant this evaluation.

3.2.2.3 Special mandatory physical examinations of civil service and selected contractor personnel shall also be required. The examinations shall include, but are not limited to, the following:

a. Disability retirement and worker's compensation evaluation; however, the employee may, at his own request and expense, be examined or evaluated by a private physician of his choice.

b. Occupations which involve potential exposure to:

- Chemical, solvent, paint, or fuel
- Benzene
- Insulation (fiberglass, asbestos)
- Ionizing radiation
- Heavy metals
- Lasers
- Pesticides/herbicides
- Noise – Hearing Conservation
- Respiratory Hazards
- Confined Space

c. Other occupations requiring physical examinations include (refer to MSFC Form 4083-2, “Annual Personnel Certification Statement,” for a detailed listing of specific jobs/operations requiring medical clearance):

Security Guards

Food handlers (including TB skin test)

Heavy/critical equipment operators (forklift, crane, etc.)

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3.2.2.4 Preplacement and return to work physical examinations shall be conducted only when determined to be essential by Human Resources Department or by the MSFC Medical Center Director.

3.2.2.5 Other examinations including Commercial Driver's license (CDL) and FAA flight physicals shall also be provided as required.

3.2.2.6 Diseases or abnormal conditions found shall be referred to the employee's private physician. Special examinations include laboratory and other tests, as appropriate.

3.2.2.7 MSFC civil service employees scheduled for international travel shall be medically cleared for travel through the MSFC Medical Center as referenced in NPD 1810.2, "NASA Occupational Medicine Program."

3.2.2.8 Except for special examinations requested and arranged by Human Resources Department, all examinations shall be scheduled by the MSFC Medical Center with notification directly to the individual employee.

3.2.2.9 Special surveys and studies, as directed by the contracting officer or designee, or as required in the judgment of the MSFC Medical Director, shall be conducted for civil service employees to determine the presence of specific diseases such as diabetes and glaucoma. Tests may be conducted at the MSFC Medical Center or at other locations.

3.2.2.10 Epidemiological studies and controls shall be provided, as necessary, for all MSFC areas to determine and control the presence of communicable diseases. This effort may be accomplished by MSFC Medical Center personnel or by an epidemiological consultant, depending on the circumstances. In either situation, the MSFC Medical Center Director shall be responsible for communication and coordination with appropriate public health agencies.

3.2.2.11 Immunization of civil service employees shall include the following:

a. Voluntary immunizations such as for influenza, as determined necessary by the MSFC Medical Center Director and approved by the Contracting Officer Technical Representative (COTR).

b. Immunizations required for official travel outside the continental United States.

c. Authentication of International Certificates of Vaccination for MSFC employees traveling abroad on official business (arrangements shall be made with the Jefferson County Health Department or private physician for vaccinations or immunizations not available at MSFC Medical Center).

d. Other immunizations as recommended by the MSFC Medical Center Director and approved

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by the COTR.

3.2.3 Environmental Health

The Environmental Health Program for MSFC is established by MPD 1840.1.

4. RECORDS

The following medical records shall be maintained and dispositioned for the duration of employment plus 30 years. The MSFC Medical Center shall maintain the records for the duration of employment for both civil service and applicable contractor employees. Following termination of Government service, civil service records shall be forwarded to the Office of Personnel Management for archival maintenance. Medical records of terminated contractor employees shall be maintained electronically by the MSFC Repository. These records shall be either maintained for historical purposes or destroyed following the required retention period.

Standard Form 93, "Report of Medical History"

Standard Form 600, "Chronological Record of Medical Care"

MSFC Form 2738, "Medical Record of Injury and Treatment"

MSFC Form 2805, "MSFC Work History Questionnaire"

MSFC Form 2801, "Employee Physical Examination"

MSFC Form 3790, "Respiratory Protection Program Record"

MSFC Form 3800, "Request for Participation in Physical Exercise Program"

MSFC Form 4045, "MSFC Medical Center Hearing History and Audiogram"

MSFC Form 4052, "Patient Service Report"

MSFC Form 4066, "Interim Medical History"

MSFC Form 4083, "Safety Personnel Certification"

MSFC Form 4084, "Significant Findings and Medical Recommendations"

MSFC Form 4153, "Examination Trend Data"

MSFC Form 4185, "Patient Problem List"

MSFC Form 4369, "Urinalysis Data"

5. FLOW DIAGRAM

None

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APPENDIX Z

GUIDELINES FOR INTERNATIONAL TRAVEL AND USE OF THE CONTENTS OF MEDICAL TRAVEL KITS

Z.1 Health Precautions for International Travel

Due to inadequate sanitation in many countries of Asia, Africa, and South America, follow basic rules to avoid diseases transmitted through food and water.

Z.1.1 Drink only water that has been boiled or has been treated with chlorine or tincture of iodine. Otherwise, drink canned or bottled water/carbonated beverages as an option.

Z.1.2 Remember, ice cubes are not always made from boiled water, and alcoholic beverages do not kill bacteria or viruses in water or ice.

Z.1.3 Do not use tap water to brush your teeth - may be hazardous due to contamination of water.

Z.1.4 Avoid unpasteurized milk and milk products in areas where hygiene and sanitation are poor. Eat only raw fruits and vegetables that you have peeled yourself or have been cooked and are still hot. Do not eat raw leafy vegetables such as lettuce unless soaked in sodium hypochlorite solution (Clorox: read label). Do not eat melons since they may have been soaked in dirty water (to increase their weight).

Z.1.5 Avoid eating foods which are not properly protected from flies.

Z.1.6 Discard any food or drink that was produced or transported under questionable conditions.

Z.1.7 Remember, raw fish (whether from fresh or salt water), raw meat, raw oysters, and clams are dangerous.

Z.1.8 Do not swim in ocean water near potential raw sewage disposal areas such as fresh water streams or water pipelines. Generally, only chlorinated pools can be considered totally safe places to swim.

The Public Health Service advises that persons traveling to endemic malaria areas should take suppressive medication starting 2 weeks in advance of travel and on a regular schedule while in infected areas, and continuing for 6 weeks after leaving the area. The recommended dosage for adults is 500 milligrams of Aralen (chloroquine) taken once weekly.

Chloroquine-resistant strains of malaria are present in some areas of Asia, South America, and Central America. These areas are identified in a CDC publication (copy maintained at the

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MSFC Medical Center). Medication for these types of malaria is available through prescription by an MSFC physician.

NHS/OM-1845.2, "Medical Services for International Travel or Assignment," authorizes small travel kits for local assembly and issuance to traveling NASA employees.

Note: The contents of this kit are to be used only for minor injuries and illnesses that may occur on ordinary overseas travel. Importantly, if any condition becomes worse, consult a physician.

If at any time you need additional medications or advice, contact the nearest U.S. State Department Consulate or Embassy. U.S. military installations may also be of assistance.

Z.2 Items for Bandaging:

Band-aids (6); separate gauze pads, 4x4 (2); adhesive; telfa (2) (use only if wound is moist, will not adhere to wound).

Z.3 Principles to Follow in Deciding How Often to Change a Bandage:

The purpose of a bandage is to prevent abrasion of the wound and to keep the wound clean. If at the time of initial treatment the wound is washed, cleaned, and visible dirt is removed or scrubbed away and the wound is thoroughly rinsed, then the initial bandage may be left in place for 4-5 days, if kept dry. If the bandage gets wet, it will act as a wick and carry infection from the bandage's surface into the wound; hence a clean bandage is required. Too frequent changing of a dry bandage may tear away delicate healing cells.

Z.4 Instructions for the Use of the NASA Overseas Medical Kit

MOTION SICKNESS: Anti-Motion Sickness Medication (10 tablets)

Symptoms: Weakness, dizziness, nausea, vomiting, sweating

Treatment: 1 tablet a half hour to 1 hour prior to motion or when condition exists. May be taken every 4 hours until controlled.

Caution: Do not increase dosage or continue for more than 12 hours. May cause drowsiness, blurred vision, dry mouth.

INDIGESTION: (Heartburn) Antacid (6 tablets)

Symptoms: Feeling of abdominal distension, burning

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sensation, abdominal pain

Treatment: Take 2 tablets after each meal or when condition exists.

Caution: Tablets are a mild antacid and are not harmful. However, if condition persists and increases in intensity over a period of time, check with a physician - symptoms may indicate something more serious.

COLDS: Cold Relief Tablets (10 tablets)

To Relieve: Nasal congestion and aching

Treatment: 1 decongestant/antihistamine with 1 non-aspirin analgesic

Caution: May cause drowsiness

Non-Aspirin Analgesic (18 tablets)

To Relieve: Aching, sore throat, headache, and fever

Treatment: 2 tablets every 4 to 6 hours

Caution: Overdosage may result in nausea and vomiting

MUSCLE ACHES/HEADACHES/GENERAL MALAISE: non-Aspirin Analgesic
(18 tablets)

Symptoms: Tired, loss of appetite, muscle aches, headache

Treatment: 2 tablets every 4-6 hours as needed

Caution: Overdosage may result in nausea and vomiting; organ damage

COUGH/SORE THROAT: Throat lozenges (12 tablets)

Symptoms: Coughing, scratchy sensation in throat

Treatment: Dissolve 1-2 lozenges or tablets in mouth every 2-3 hours

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Caution: Do not exceed 12 tablets in 24 hours. If symptoms persist, consult a physician.

DIARRHEA: Anti-diarrheal (12 tablets)

Symptoms: Frequent and “loose” bowel movement, abdominal pain, general malaise

Treatment: Anti-diarrheal tablets - 2 tablets after first bowel movement followed by one tablet after each subsequent loose movement. Maximum dosage is 4 tablets per day for no longer than 2 days.

Caution: Anti-diarrheal might cause nausea, sedation, lethargy, and allergic reactions. Stop the medication if any of these conditions occur.

DO NOT USE anti-diarrheal if you have glaucoma.

Any persisting abdominal pain warrants medical advice.

HIVES or INSECT BITES: Anti-pruritic cream (6 packets)
Diphenhydramine 25 milligrams (6 capsules)

Symptoms: Swollen, reddened area

Treatment: Apply anti-pruritic cream to area 3-4 times daily or when needed. (Ice or cold water may be helpful.)

To control severe reaction, take 1 Diphenhydramine 25 mg capsule (2 if 180 lbs. or more) every 4 hours.

Caution: If condition becomes worse, check with a physician.

Note: Antihistamines may cause drowsiness.

ABRASIONS:

Treatment: Cleanse area with soap and water. Apply antibiotic ointment sparingly.

Caution: If symptoms of swelling, redness, or increased pain develop, check with a physician.

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Z.5 SUPPLIES FOR MEDICAL TRAVEL KITS

Instructions

Band-aids (6)

Gauze pads (2)

Non-adhesive bandage (2)

Anti-motion sickness medication (10 tablets)

Antacid (6 tablets)

Cold relief tablets (10 tablets)

Non-aspirin analgesic (18 tablets)

Throat lozenges (12 tablets)

Anti-diarrheal (12 tablets)

Anti-pruritic cream (6 packets)

Diphenhydramine 25 milligrams (6 capsules)

Bacitracin antibiotic ointment (2 packets)

NOTE: Write on front of kit/package:

**OVERSEAS KIT - PLEASE READ INSTRUCTIONS BEFORE USING
CONTENTS**

Do not return kit to Medical Center